



License number:

Category :

Entry date :

### Request for creation of license and membership

Club name :		Affiliation number :	
Last name :		First name :	
Date of birth: / /	Birth place :	Gender: M / F	
Address :			
Postal Code :	City :	Country :	
Phone :	Mobile phone :	Mobile phone 2 :	
E-mail :			
Nationality :			
<input type="checkbox"/> <b>I take out a license</b> (In this case, I consult my club who will provide me with the information adapted. Photo required for practice in competition.)			
21 and over in 2018		under 21 in 2018	
<input type="checkbox"/> Adult practicing in competition	<input type="checkbox"/> Youth	<input type="checkbox"/> FFSU agreement n °	
<input type="checkbox"/> Adult practicing in a club	<input type="checkbox"/> Chicks	<input type="checkbox"/> UNSS Convention n °	
<input type="checkbox"/> Adult without practice			
Or the following			
<input type="checkbox"/> Convention FFH No	<input type="checkbox"/> Convention FFSA No	<input type="checkbox"/> Discovery (from 1 st of March)	
<b>Individual accident insurance</b> (article L321-6 of the sports code) - details in the notice attached to this			
<input type="checkbox"/> I acknowledge having received the attached notice, and having read the additional guarantees offered by the FFTA.			
<input checked="" type="checkbox"/> The subscription to individual accident insurance (€ 0.25) is included in my license price.			
Liability insurance is included in the license.			
Medical certificate			
<input type="checkbox"/> I present a certificate medical dating less than 1 year.			
Date of certificate :	Type of certificate :		<input type="checkbox"/> Competition <input type="checkbox"/> Practice
<input type="checkbox"/> <b>I subscribe to the federal magazine " Archery "</b> at the licensed rate of € 22.00 (1 year subscription - 4 issues)			

I agree to receive information from the FFTA and its partners

I authorize the use of my image (photo, video, etc.) by my club within the framework of its statutory activities related to my practice of archery.

**/! \ For all training sessions and all members, sportswear is compulsory (tracksuit + sports shoes)**

Amount and method of payment :      € Name of the signatory (or legal representative) :

Check       Cash       Others      Date and signature (required)

### **Liability form**

Sir, Madam,

When registering, parents are given and shown a schedule of training sessions. It is therefore up to the latter to ensure that for each session of the effective presence of the training manager, a case of force majeure may occur without it being possible to notify the parents of the cancellation of a course or training. Likewise, at the end of each session, it is imperative that parents be on time to pick up the children, as the people in charge of the lessons cannot ensure supervision beyond the times indicated.

In any case, neither the ESF nor the persons providing the training can be held responsible if the child is the victim of an accident before and after training, especially on the journey.

For the good form, we thank you for agreeing to complete the form below, to date it and to sign it.

For the ESF, the President of the archery club.

Sir, Madam .....

Legal guardian of the child .....

I acknowledge that I have read this note and release the ESF archery association from any supervision responsibility outside of the activities organized by it, and of the premises where these activities take place.

Date: ... .. / .....

Signature with "read and approved"

### **Medical information**

#### CERTIFICATE OF NON CONTRAINDICATION TO THE PRACTICE OF ARCHERY

This certificate of no contraindication to the practice of Archery is **COMPULSORY** for any competition registered on the federal calendar, whatever the age category.

#### LIST OF CONTRAINDICATIONS TO THE PRACTICE OF ARCHERY

This list is intended to inform the examining physician and is not exhaustive. It will be up to him to judge any contraindications that may exist

- Severe unstabilised arterial hypertension
- Stress angina
- Severe heart disease

- Myocardial infarction (relative)
- Recurrent pneumothorax (relative)
- Significant progressive scoliosis (relative or temporary)
- Recent fracture
- Recent abdominal intervention
- Psychiatry (left to the discretion of the examining physician)
- last trimester of pregnancy for course disciplines

NOTE: maximum arc power authorized up to the age of 11: 18 pounds marked by the manufacturer.  
RULES ON MEDICAL CERTIFICATES AND UPGRADING

- The certificate of no contraindication to the practice of Archery is compulsory for any competition registered on the federal calendar regardless of the age category .
- Chicks can not be upgraded. They can take part in meetings from the age of 8.
- The medical certificate is valid 3 year s from the date of the medical examination, unless occurrence of cons-indication.
- the Referees of the course disciplines must draw the attention of the examining physician to the specificity of these disciplines (walking, running on uneven terrain, etc.)

**AUTHORIZATION OF SURGICAL INTERVENTION  
 (FOR MINORS)**

I, the undersigned, Sir, Madam... ..

Acting as a parent (or guardian) authorizes the FFTA and its legal representative to have the child practiced ..... Any act emergency medical or surgical treatment that their condition will require . I accept any hospitalization in the nearest competent hospital.

( Annual renewal is required)

Year: ..... , done at ..... on ..... signature